

***State of New Hampshire  
Bureau of Elderly and Adult Services***

**Draft Choices for Independence Waiver  
Renewal – Public Comment Sessions  
November 2021**



# New Hampshire's Choices for Independence

## Public Comment Process

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- The public comment period is 11/1/21 through noon on 12/2/21.
- The Bureau of Elderly and Adult Services (BEAS) relies on stakeholders to provide recommendations on what the delivery system should include so that all waiver recipients can receive the services they need.
- BEAS appreciates your feedback on the Choices for Independence (CFI) draft by participating in the public comment sessions.
- Your comments will be included in the submission to the Centers for Medicare and Medicaid Services (CMS).



# New Hampshire's Choices for Independence

## Public Comment Process

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- Please note that this presentation is not all-inclusive of changes in the draft Waiver and is only a high level review. You are encouraged to review the Waiver in its entirety at the following link:  
<https://www.dhhs.nh.gov/dcbcs/beas/documents/beas-cfi-draft-waiver.pdf>
- The final draft of the Waiver is to be submitted to CMS by 3/1/22.
- The new Waiver will be effective by 7/1/22, with approval from CMS.



# Changes and Enhancements to the Existing Waiver

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1. The waiver details compliance with the Home and Community Based Service's (HCBS) Final Rule and Regulations per 42 CFR 441.301(c)(4).
2. Performance measures have been updated to reflect the changes outlined in the CMS March 2014 Guidance: Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers.
3. Service delivery has been modified to allow for remote service provision.
4. Temporary provision of services in acute settings (such as hospital settings), based on an individual's needs as identified in Appendix C.



# Changes and Enhancements to the Existing Waiver

## (cont.)

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5. Capitation amounts for services noted in the approved waiver have been lifted or modified to offer greater flexibility and increased coverage. Several covered service definitions have been refined and expanded as noted in Appendix C.
6. The Bureau of Developmental Services and Bureau of Elderly and Adult Services (BEAS) will partner to coordinate a long term supports and services (LTSS) participant directed and managed services (PDMS) committee with broad stake holder membership. The committee will develop a PDMS manual which will clearly define the rights and responsibilities of individuals and/or guardians relative to managing Medicaid funds and detail budget authority and employment authority.
7. Removing all references to the requirement that a participant whose LTSS needs exceed 80% of the average annual nursing facility cost be approved by the commissioner before beginning CFI Waiver Services.



# Covered Services

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- Adult Day Services
- Home Health Aide Services
- Homemaker
- Personal Care
- Respite
- Supported Employment,
- Financial Management Services
- Participant Directed and Managed Services
- Adult Family Care
- Community Transition Services
- Environmental and Vehicle Modification Services
- Home Delivered Meals
- In-Home Services
- Non-Medical Transportation
- Personal Emergency Response Services
- Residential Care Facility Services
- Skilled Nursing
- Specialized Equipment Services
- Supported Housing



## Adult Day Services (pg. 53)

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- Adult Day programs provide a protective environment individuals with cognitive impairments or who are at risk for isolation or institutionalization.
- Services include an array of social and health care services and provides day-time respite for primary caregivers.
- Services are furnished on a regularly scheduled basis, for one or more days per week. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three meals a day).
- This service may be provided remotely through telehealth
- Limits: Service limitations are set by the participant's comprehensive care plan.



## Home Health Aide (pg. 56)

8

- Home health aide services listed in the care plan which are within the scope of the State's Nurse Practice Act
- Include medically oriented tasks person needs to maintain health or facilitate treatment of an illness or injury, administering medication, checking vital signs, wound care, assisting with medical equipment.
- Services are provided by a licensed nursing assistant under the supervision of a registered nurse.
- Home Health Aide services offered under the waiver differ in nature and scope from home health services in the State plan.
- Limits: Service limitations are set by the participant's comprehensive care plan.





## Homemaker (pg. 59)

9

- Services that consist of the performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.
- Limits:
  - Service limitations are set by the participant's comprehensive care plan
  - Relatives shall not be reimbursed to provide homemaker services.
  - There shall be no duplication of housekeeping chores that are incidental to and reimbursed as personal care.



## Personal Care (pg. 61)

10

- A range of assistance to enable waiver participants to accomplish tasks that they would normally do for themselves if they did not have a disability.
- This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task.
- Personal care services may be provided on an episodic or on a continuing basis.
- Health-related services that are provided may include skilled or nursing care and medication administration to the extent permitted by state law.



## Personal Care (pg. 61) – cont.

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- Health-related services that are provided may include skilled or nursing care and medication administration to the extent permitted by state law.
- Includes individually tailored hands-on assistance with ADLs and IADLs.
- This service may be provided in an acute care hospital under certain circumstances.
- Limits: Service limitations are set by the participant's comprehensive care plan.



## Respite (pg. 65)

12

- Respite Services consist of the provision of short-term care for participants unable to care for themselves because of the absence or need for relief of those persons who live with and normally provide care for the participant.
- Respite services can be provided in or out of the participant's home.
- Respite services can be provided in an acute setting under certain circumstances.
- Limits:
  - Service limitations are set by the participant's comprehensive care plan
  - When respite is provided as a service in a Participant Directed and Managed Service (PDMS) program, the total respite shall not exceed 20% of the overall PDMS budget.
  - The BEAS Bureau Chief has the ability to determine limits on a case by case basis due to capacity issues.



# Supported Employment (pg. 71)

13

- Supported employment services can be provided through many different service models.
- Supported employment individual employment supports may also include support to establish or maintain self employment, including home-based self-employment.
- Services are individualized and may include any combination of the following services:
  - Vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits and work-incentives planning and management, transportation, asset development and career advancement services.
  - Other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.



## Supported Employment (pg. 71) – cont.

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- This service may be provided remotely through telehealth
- This service may be provided in an acute care hospital under certain conditions
- Limits: Service limitations are set by the participant's comprehensive care plan.



## Financial Management Services (pg. 75)

15

- Assists the family or participant to: manage and direct the disbursement of funds contained in the participant-directed budget; facilitate the employment of staff by the family or participant, by performing as the participant's agent such employer responsibilities as processing payroll, withholding Federal, state and local tax and making tax payments to appropriate tax authorities; and performing fiscal accounting and making expenditure reports to the participant or family and state authorities.
- This service may be provided remotely through telehealth
- This service may be provided in an acute care hospital under certain conditions
- Service limitations are set by the participant's comprehensive care plan.



## Participant Directed and Managed Services (pg. 79)

16

- This service allows CFI waiver participants to direct and manage a menu of any CFI waiver service, except for residential care facility services.
- PDMS allows the participant to design the services that will be provided, select service providers, decide how authorized funding is to be spent base on the needs identified in the participant's comprehensive care plan, and perform ongoing oversight of the services provided.
- This service may be provided remotely through telehealth.
- This service may be provided in an acute care hospital setting under certain conditions.
- Limits: Service limitations are set by the participant's comprehensive care plan.





## Adult Family Care (pg. 82)

17

- This includes a combination of personal care, homemaking, and other services that are provided in in a certified (as required by law) private home by a principal care provider who lives in the home or the CFI waiver participant's relative who lives in the home in accordance with a person-centered plan.
- There shall be no more than 2 unrelated individuals living in the home, including participants in the Program.
- Limits: Separate payment shall not be made for homemaker services to participants receiving Adult Family Care (AFC), as those services are integral to and inherent in the provision of AFC.



# Community Transition Services (pg. 85)

18

- Non-recurring expenses to enable a person to establish a basic household that do not constitute room and board and may include:
  - Security deposits that are required to obtain a lease on an apartment or house;
  - Set-up fees or deposits for utility or service access, including telephone, electricity, heat, and water;
  - Items required to occupy and use a community domicile, such as essential household furnishings, window coverings, household appliances needed for basic food preparation, and bed and bath linens; and
  - Services necessary for the participant's health and safety, such as pest eradication, and one-time cleaning done prior to occupancy.
- Community transition services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process and the person is unable to meet such expense or when the services cannot be obtained from other sources.



## Community Transition Services (pg. 85) – cont.

19

- Community transition services should not include monthly rent or mortgage payments, food, monthly utility expenses, or costs for household appliances or items that are intended for entertainment, recreational or diversional purposes or use.
- This service can be provided in an acute care hospital under certain conditions
- Limits:
  - Services must be prior authorized by DHHS and are limited to \$3,000/person per transition. This limit is independent of other service limits. The payment of security deposit is not considered rent.
  - Community Transition Services are one time services and represent one time costs and is this limited to individuals moving from institutional / provider operating locations to private homes.
  - An individual may be able to exceed this cap on a case by case basis with the prior approval of BEAS.



# Environmental Accessibility Services (pg. 88)

20

- Include those physical adaptations to the private residence of the participant, or vehicle that is the waiver participant's primary means of transportation, required by the individual's comprehensive care plan, that are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and community, and without which, the individual would require institutionalization.
- Adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems, which are necessary to accommodate the medical equipment and supplies, and services necessary for the participant's health and safety, such as pest eradication, and related cleaning.
- All modifications will be provided in accordance with applicable State or local building codes.



# Environmental Accessibility Services (pg. 88) – cont.

21

- For individuals with unsafe wandering and running behaviors, outdoor fencing may be provided under this waiver.
- Limits:
  - Excluded are those adaptations or improvements to the home, which are of general utility that are not of direct medical or remedial benefit to the individual.
  - Adaptations that add to the total square footage of the home when necessary to complete an adaptation.(e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
  - Those adaptations or improvements to a vehicle that are of general utility, and are not of direct medical or remedial benefit to the individual;
  - The purchase or lease of a vehicle;
  - Regularly scheduled upkeep and maintenance of a vehicle with the exception of upkeep and maintenance of the modifications.
  - Waiver funds allocated toward the cost of such a fence shall not exceed \$2,500. An individual may be able to exceed this cap on a case by case basis with the prior approval of BEAS.
  - Payment may not be made to adapt the vehicles that are owned or leased by paid providers of waiver services



# Home-Delivered Meals (pg. 91)

22

- The delivery of nutritionally balanced meals to the participant's home;
- Concurrent with meal delivery, monitoring of the participant's wellbeing, and the reporting of emergencies, crises, or potentially harmful situations shall be made to emergency personnel or the participant's case manager, as appropriate.
- All home-delivered meals shall:
  - Include at least one-third of the dietary reference intakes, established by the U. S. Department of Agriculture for dietary reference intakes as specified in the United States Department of Agriculture's most recent "Dietary Guidelines for Americans".



# In-Home Services (pg. 93)

23

**Previously known as Adult In-Home Services**

- Non-medical care, supervision and socialization provided to isolated individuals to prevent institutionalization.
- When specified in the comprehensive care plan, service includes:
  - Meal preparation, light housekeeping, laundry and shopping which are essential to the health and welfare of the participant.
- In-home services do not include hands-on care.
- This service may be provided in an acute care hospital under certain conditions
- Limits: In-home care shall not be covered when provided to a participant receiving residential care facility services.



# Non-Medical Transportation (pg. 96)

24

- Transportation provided to enable participants to access the community when personal care services are required to do so as articulated in the comprehensive care plan.
- Limits:
  - Transportation Services not duplicate the medical transportation provided under the Medicaid State Plan.
  - The following services shall not be covered as non-medical transportation:
    - ✓ Transportation provided with the participant's vehicle; The prohibition on use of a participant's vehicle shall not preclude a licensed provider from using a participant's vehicle in offering another authorized service, such as personal care services.
    - ✓ Transportation to or from medical appointments or services; and
    - ✓ Transportation provided to a participant receiving residential care facility or adult family care services.





# Personal Emergency Response System (PERS) (pg. 99)

- Smart technology including electronic devices that enable participants at risk of institutionalization to summon help in an emergency.
- Covered devices include wearable or portable devices that allow for safe mobility, response systems that are connected to the participant's telephone and programmed to signal a response center when activated, staffed and monitored response systems that operate 24 hours/day, seven days/week and any device that informs of elopement such as wandering awareness alerts.
- Other covered items include seatbelt release covers, ID bracelets, GPS devices, monthly expenses that are affiliated with maintenance contracts and/or agreements to maintain the operations of the device/item.



# Personal Emergency Response System (PERS) (pg. 99) – cont.

26

- Meant for individuals who live alone, live only with someone in poor or failing health, or who are alone at home for significant parts of the day, and who are:
  - Ambulatory and at risk of falls as assessed by a physician, registered nurse or occupational or physical therapist; or
  - Identified as at risk of having a medical emergency as identified in the comprehensive care plan; and
  - Would require ongoing supervision if the PERS were not provided.
- Devices can be an option to consider as a part of a multifaceted safety plan, specific to a participant's unique needs.
- This service may be provided in an acute care hospital under certain conditions



# Residential Care Facility Services (pg. 102)

27

- Supportive services provided in a licensed facility, including those services described in He-P 804 and He-P 805 such as:
  - Assistance with activities of daily living and incidental activities of daily living;
  - Personal care;
  - 24 hour supervision;
  - Incontinence management;
  - Dietary planning;
  - Non-medical transportation to community based services and supports necessary to access the home and community based supports outlined in the person centered plan; and
  - any other activities that promote and support health and wellness, dignity and autonomy within a community setting.
- Shared bedrooms do not accommodate more than two people.
- Personal care services listed above as part of this service are included in the rate paid to the provider and are not separately billed.



## Skilled Nursing (pg. 104)

28

- Services listed in the comprehensive care plan that are within the scope of the state's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical nurse under the supervision of a registered nurse, licensed to practice in the State.
- This service provides intermittent skilled nursing services for the purpose of administering injections, medical monitoring of wounds that are not healing, provide wound care, physical therapy, and/or monitor vital signs and obtain laboratory specimens when a chronic condition exacerbates and may include oversight of a bowel program in the absence of having and individual to delegate the task to.
- The differences from the State plan are as follows: Home Health Services in the waiver may be provided by a state licensed Home Health Agency that is not Medicare certified.
- This service may be provided remotely through telehealth



## Specialized Medical Equipment Services (pg. 107)

29

- Devices, controls, or appliances that are specified in the comprehensive care plan which enable a participant to increase his or her ability to perform ADLs or IADLs;
- Devices, controls, or appliances that are specified in the comprehensive care plan to perceive, control, or communicate with the environment in which the participant lives;
- Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
- Other durable and non-durable medical equipment not available under the New Hampshire Medicaid state plan that are necessary to address participant functional limitations; and
- Necessary medical supplies not available under the New Hampshire Medicaid state plan.



# Specialized Medical Equipment Services (pg. 107) – cont.

30

- Limits:
  - Purchases must be prior authorized by the DHHS. The specialized equipment must be identified as necessary in the person centered comprehensive care plan.
  - SME should have an anticipated shelf life. The frequency of purchase would be contingent upon the continued need of the item and the item's ability to continue to meet that need.



# Supported Housing Services (pg. 110)

31

- Services provided by a licensed agency in apartments located in publicly funded apartment buildings that include:
  - Personal care services, including assistance with activities of daily living and instrumental activities of daily living;
  - Supervision;
  - Medication reminders;
  - Other supportive activities as specified in the comprehensive care plan or which promote and support health and wellness, dignity and autonomy within a community setting.



# General Revisions and Enhancements

32

- The Division of Long Term Supports and Services will coordinate a long term supports and services (LTSS) participant directed and managed services (PDMS) committee with broad stakeholder membership. The committee will develop a PDMS manual which will clearly define the rights and responsibilities of individuals and/or guardians relative to managing Medicaid funds and detail budget authority and employment authority.
- Individuals must meet clinical eligibility requirements established in RSA 151-E:3 I. Individuals who would otherwise require the services of an IMD, and are of the age of 21 through 64 (per 1905 (a) 28 (B) of the Act), or who would otherwise require the services of a psychiatric residential treatment facility as defined in 42 CFR 483.352, are not eligible unless federal or state law states otherwise. (pg. 28)





## General Revisions and Enhancements (continued)

33

- The waiver details compliance with the Home and Community Based Service's (HCBS) Final Rule and Regulations per 42 CFR 441.301(c)(4).
- Performance measures have been updated to reflect the changes outlined in the CMS March 2014 Guidance: Modifications to Quality Measures and Reporting in 1915(c) Home and Community-Based Waivers.



## General Revisions and Enhancements (continued)

34

### Participant-Centered Planning and Service Delivery (Pg. 128)

#### Responsibility for Service Plan Development:

- NH enrolls into Medicaid and enters into a formal agreement with private agencies that are Medicaid Enrolled as CFI case management providers to provide targeted case management services in accordance with the approved State Plan and NH administrative rules.
- CFI Case Managers are responsible for the ongoing assessment, person-centered planning, coordination of continued CFI Waiver enrollment, and monitoring of the provision of services included in the comprehensive care plan, and assisting their CFI participants with required tasks to continue CFI enrollment.



# General Revisions and Enhancements (continued)

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## Participant-Centered Planning and Service Delivery, Risk Assessment and Mitigation: (Pg.128)

- As required in State Administrative Rule He-E 805, the case manager completes an initial, comprehensive assessment. Risk is assessed, including legal status, potential for abuse, neglect, or exploitation by self or others, as well as health, social, or behavioral issues that may indicate a risk. The participant's self-awareness is also assessed, including the degree to which the participant understands medical conditions, treatment, and the medication regime.
- As part of the planning process, case managers are required to develop, with the participant and others identified by the participant an individualized contingency plan. This plan is person centered, and addresses unexpected situations that could jeopardize the participant's health or welfare.
- The contingency plan goes beyond the identification of other settings as an alternative to community based care, the contingency plan identifies alternate staffing resources in the event that normally scheduled care providers are unavailable, and addresses any special evacuation needs that require notification of the local emergency responders. Important information about the participant's desires, preferences, choice and direction are also recorded within this plan, to assist alternate staff in providing services for the participant.
- Additionally, CFI Case Managers are required to operate and maintain a 24-hour on call back up system.



## General Revisions and Enhancements (continued)

36

### Participant-Centered Planning and Service Delivery (Pg. 132)

#### Service Plan Development, Informed Choice of Providers:

- CFI Case managers are responsible to inform participants of all qualified providers available in their geographical area, to encourage participants to choose their service providers, and to inform participants of how they can change providers after the initial selection.
- CFI Case managers are responsible to document in the comprehensive care plan and in the CFI Eligibility system when a provider is not available for services in their comprehensive care plan.
- CFI Case managers are also responsible to inform participants of their right to self direct their services and select providers who are not yet enrolled through coordination with the CFI Waiver financial management service.



# Options for providing feedback

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- Public Comment Sessions:
  - Date: Tuesday, November 16, 2021 / Time: 11:00 – 1:00pm
  - Date: Thursday, November 18, 2021 / Time: 2:00 – 4:00pm
  - Date: Monday, November 22, 2021 / Time: 5:00 – 7:00 pm
  - Date: Wednesday, December 1, 2021 / Time: 2:00 – 4:00pm
- BEAS has a web page on the DHHS website designated for information on the Choices for Independence Waiver renewal;  
<https://www.dhhs.nh.gov/dcbcs/beas/cfi-waiver-renewal.htm>
- BEAS has an email address designated for the HCBS waiver renewals; [DLTSSWaiverRenewal@dhhs.nh.gov](mailto:DLTSSWaiverRenewal@dhhs.nh.gov)
- Public Comment period ends on December 2<sup>nd</sup>, 2021 at noon.



Thank you for your support in helping New Hampshire develop a strong waiver to support individuals who access the Choices for Independence Waiver.

